

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Department
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
 (Seal Stamp (Received))
 AUG 23 2012
 Bayfield Co. Zoning Dept.

Permit #: 12-0340
 Date: 9-7-12
 Amount Paid: \$750.00
 Refund: 8/23/12

ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: STEVEN W. HOWA & LEANNE K. HOWA
 Address of Property: 19300 Mountain Ash Road
 City/State/Zip: CORNUSCIPIA, WI 54827
 Telephone: 952-431-3571
 Cell Phone:

Contractor: Steve Denker
 Contractor Phone: 715-742-3914
 Plumber: _____
 Plumber Phone: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, _____ 1/4
 Gov't Lot: _____ Lot(s): 4
 CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____
 Subdivision: Plat of Rocky Shores
 Section: 31, Township 51 N, Range 6 W, Town of Bell
 Lot Size: _____ Acreage: 2.222

Recorded Document: (i.e. Property Ownership) Volume 911 Page(s) 844

PIN: (23 digits) 04-010-2-51-06-31-4 00267-4000

Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes Continue No
 Distance Structure is from Shoreline: 364 feet
 Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Non-Shoreland

Value at Time of Completion * (include donated time & material)	Project (What are you applying for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$20,500	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: H.T. <input type="checkbox"/> Privy (Prt) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 32' Width: 26' Height: 8'
 Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input type="checkbox"/>	with Loft	(X)	
<input type="checkbox"/>	with a Porch	(X)	
<input type="checkbox"/>	with (2 nd) Deck	(X)	
<input type="checkbox"/>	with a Deck	(X)	
<input type="checkbox"/>	with Attached Garage	(X)	
<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/>	Addition/Alteration (specify)	(X)	
<input type="checkbox"/>	Accessory Building (specify) garage	(32 X 26)	832
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(X)	
<input type="checkbox"/>	Special Use: (explain)	(X)	
<input type="checkbox"/>	Conditional Use: (explain)	(X)	
<input type="checkbox"/>	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that this application, if (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Steven W. Howa & Leanne K. Howa
 Date: 7/9/2012
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
 Date: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

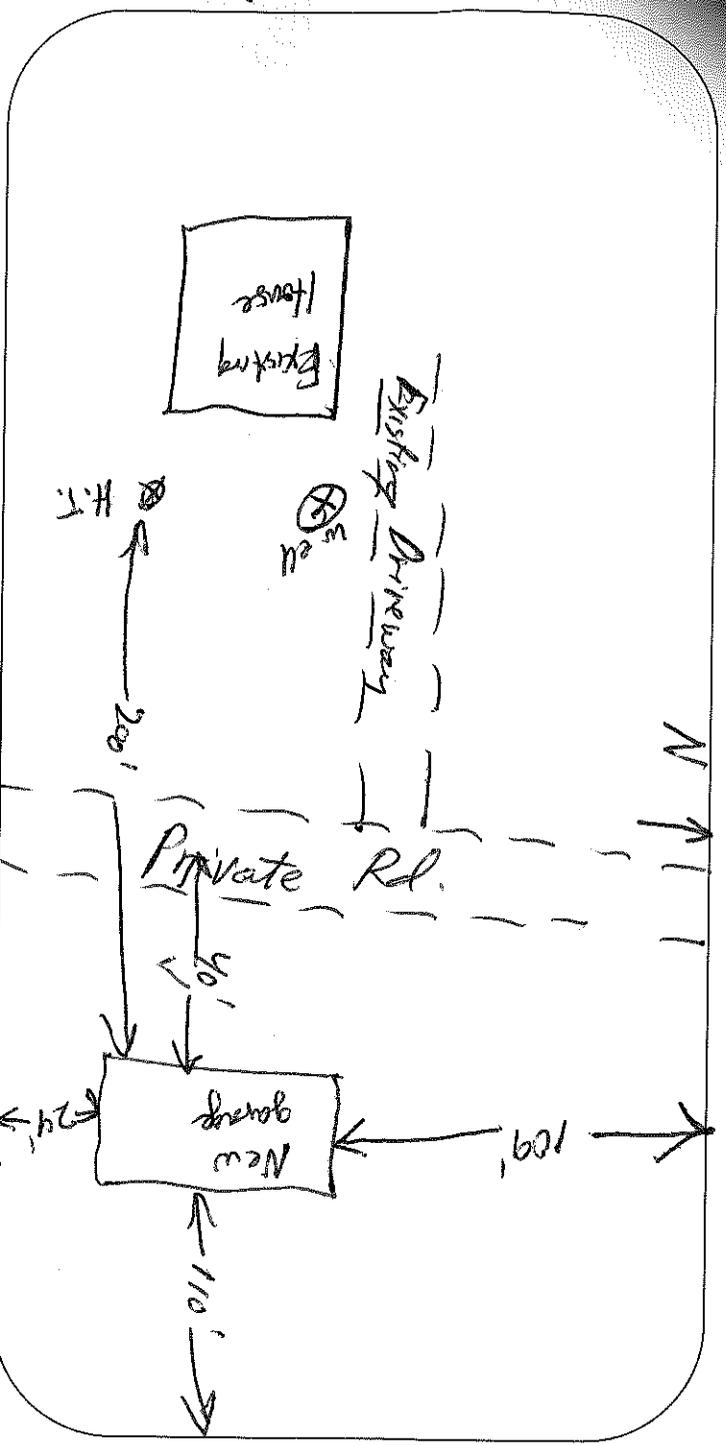
Record for Issuance: _____
 Address to send permit: _____
 Date: SEP 7 2012
 If you recently purchased the property send your Recorded Deed

Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
 Attach

- show or sketch your property (regardless of what you are applying for)
- show Location of:
- Show / Indicate:
 - Show Location of (*):
 - Show:
 - Show any (*):
 - Show any (*):
 - Show any (*):
- Proposed Construction
- North (N) on Plot Plan
 - (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - All Existing Structures on your Property
 - (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing) 500'

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	6' Feet	Setback from the Lake (ordinary high-water mark)	370 Feet
Setback from the Established Right-of-Way	6' Feet	Setback from the River, Stream, Creek	320 Feet
Setback from the North Lot Line	109 Feet	Setback from the Bank or Bluff	320 Feet
Setback from the South Lot Line	24 Feet	Setback from Wetland	300 Feet
Setback from the West Lot Line	355 Feet	Setback from 20% Slope Area	300 Feet
Setback from the East Lot Line	110 Feet	Elevation of Floodplain	300 Feet
Setback to Septic Tank or Holding Tank	200 Feet	Setback to Well	180 Feet
Setback to Drain Field	200 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P) and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Permit #: 19-0340 Permit Date: 9-7-18

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No Yes (Fused/Contiguous Lot(s)) No

Is Parcel in Common Ownership Yes No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created Yes No

Was Proposed Building Site Delimited Yes No

Inspection Record: Proposed Acryl Bldg. Detached ADD AS FOR COUNTY REQUIREMENTS

Date of inspection: 9.6.18 Inspected by: DDC

Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

SHEDS MUST BE AT LEAST 40 FEET FROM E OR BASEMENT RD.

Signature of Inspector: [Signature] Date of Approval: 9-6-18

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: